

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/514403

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	6					
6	6					
7	6					
8	6					
9	6					
10	6					
11	6					
12	6					
13	6					
14	6					
15	1					
16	1					
17	1					
18	1					
19	6					
20	1					
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	6					
35	6					
36	1					
37	1					
38	6					
39	1					
40	6					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	6					
48	6					
49	6					
50	6					
TOTAL IND.	8		↓		↓	↓
TOTAL DEP.	64	←	←	←	←	←
TOTAL CLAIMS	72					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			6			
52			6			
53			6			
54						
55			1			
56			2			
57			1			
58			1			
59			1			
60			1			
61			6			
62			6			
63			6			
64			1			
65			1			
66			1			
67			1			
68			1			
69			1			
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						